## **FEE TRANSMITTAL** for FY 2001

Pateril fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(5) 355.00

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Dana L DeVoe			
Examiner Name				
Group Art Unit				
Attorney Dovicet No.	DeVoe-Credit Card-Fee			

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
inducated fees and credit any evergayments to.  Deposit		mail				
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Degast	Code (1) Code (1	fer Fee Description \$)	Fee Paid			
Account Name	155 139 205 65	5 Suichaige - late flag fee or calf				
Change Any Admits ref Fac Required Under 37 CFR 116 and 117	127 50 227 2	5 Suichtage - Tate growlsonst forgiles or cover steet				
Applicant claims small only status	139 136 139 130	0 Nan-Englisa specification				
Sec 37 CFR 1 27	147 2,520 147 2 52	20 For filing a request for expacte reexamination				
Z.	112 9201 112 92	73" Requesting publication of SIR prior to Examines action				
FEE CALCULATION	113 1,840* 113 1,8	540° Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55	5 Extension for reply without that month				
Large Entity Small Entity	116 390 216 195	5 Extension for teply within second means				
Fee Fee Fee Fee Fee Description Code (S) Code (S) Fee Paid	117 890 217 448	5 Extension for reply within third month				
101 710 201 355 Utasty filling See	118 1 390 215 696	Extension for reply within fourth month	<b></b>			
198 320 206 '60 Design Singles	128 1.890 228 945	Saturation for reply within fifth month				
107 496 207 745 Plant Tong Ire	119 310 219 156	5 Notice of Appear				
196 710 208 355 Reissue filing fee	120 310 220 166	Filing a brief in support of an appeal				
114 150 710 75 Provisional filing fee	121 273 221 136	5 Request for oral hearing				
SURTOTAL (1) (S) 355.00	138 1,515 138 1 51	10 Peliton to institute a public use proceeding				
SOCIOLYT (1) [(4)	140 *10 240 55	5 Petition to revise - unavordable	<u> </u>			
2. EXTRA CLAIM FEES	141 1,248 241 623	Peliton to revive - unartentional				
Extra Claims below Fee Paid	142 1,240 242 820	3 - Unlity saue fee par reseaser				
Total Claires 10 -20** = X Independent 2 - 3**	163 469 243 226					
	144 500 744 300		<u> </u>			
Mucliple Dependent	127 135 122 136	0 Petitions to the Commissioner				
1 CONT. Traditor from 11 cm. Ale.	123 50 123 5	ili Processing See Leader 37 CFR 1 17(c)				
Large Entity Small Entity For For For For Description	125 180 126 180	Submission of Information D∋closure Stat:	<b> </b>			
Code (\$) Code (\$) 103 16 203 9 Clarps d excess of 20	581 40 581 4	n) Recording each patent sasignment per property (times purpher of properties)				
102 80 202 40 Independent clams in excess of 3	146 710 246 35	' ''				
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and over ଓ-ଗୁଲିଶ ଅଧିବର୍ଣ	169 930 169 93					
SUBTOTAL (2) (S) 0.00	Of a design application Other lee (specify)					
	*Reduced by Basic Filing Fee Park SUBTOTAL (3) (S)					
"U number previously part if greater, For Ressues, see above	usprosed by gaging   ii	ling Fee Park SUBTOTAL (3) (S)				

SUBMITTED BY Considers (if applicable)						
Name drindTypes	F. Rhett Brockington	Requirements Attendey Agents	29618	Tolephone	803-787-0022	
Signsture	4.8. Brand			Date	01/19/2001	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This som is estimated to take 0.2 hours to complete. Time will van depending upon the needs of the advidual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office Washington, DC 20231. DO NOT SEND FLES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patients, Washington, DC 20231.